



# *The Repetition & Avoidance Quarterly*

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## **Book Review:**

### *Counseling with Returned Servicemen*, by Carl Rogers & John Wallen

Reviewed by Emmett Early

In 1946 Carl Rogers published a little book with the intent of training counselors who were being brought into the field to work with the influx of military personnel entering civilian life. The book was never republished and has remained on library bookshelves since, its pages turning yellow and brittle.

What is remarkable about this little instruction to counselors about how to work with veterans is how the traumas of combat are never mentioned. The authors instruct counselors on use of the Rogerian techniques of client-centered counseling, which is still in use as a viable technique, focusing on the specific person, the client, as unique, without stereotype. The use of the female gender is almost entirely ignored in the book. The veteran and the counselor are both assumed to be male.

The Rogerian style of counseling seeks to mirror what the client says, reflecting back in kind, without adding suggestions, interpretations, or explanations, but rather waits for the client to come to insight. "Nothing the client says is disregarded" (p. 22). Emphasis is given to respecting the feelings of the client which will lead to insight. "When the counselor skillfully recognizes and accepts the client's feelings, he is making it possible for the serviceman to come to grips with the problem in the only way possible—in terms of feeling" (p. 50).

Rogers and Wallen advise the counselor to help the transition of the veteran as "returned serviceman." "With the returned serviceman the counseling climate will be more important than ever. Having lived in an atmosphere of regimentation, restriction, danger, and anxiety, he may be unused to accepting decisions as his responsibility. The major responsibility for his activities has been shouldered by his superiors. The authoritarian atmosphere will inevitably have held in check the positive development toward the acceptance of complete responsibility for his own decisions. From his time in the service the ex-serviceman will have formed habits of expecting decisions to be made for him. Despite possible dangers surrounding his daily existence, the over-all structure of life will have assumed a somewhat predictable pattern" (p. 17).

One explanation for Rogers and Wallen ignoring the traumas of combat is that they were addressing their advice to a

non-medical audience, perhaps assuming that veterans who have been traumatized would be cared for by other professionals. Toward the end of the book, the authors describe applying the client-centered technique in a casual setting, such as a USO center. In the example they offer, the veteran approaches the USO worker talking about his grief at the death of his buddy. "The casual contact is used most satisfactorily if the counselor is willing to adopt a limited goal. The man's life is not going to be reoriented nor a long standing problem solved in a 15-minute interview in a USO lounge. Yet the serviceman may find himself better able to meet his situation if the 15 minutes is well used" (p. 117).

Rogers and Wollen write: "The essential problem of counseling is not how the counselor can communicate self-understanding to the client, but rather how to create an atmosphere in which the client can work out his own understanding. Insight that will carry over into behavior comes about when the client is given the opportunity to understand what he is experiencing at the very time he experiences it, and this is the purpose of the nondirective technique of counseling" (p. 89).

Carl Rogers' approach to counseling was highly influential in the training of mental health professionals since the publication of this book. He advocated for a non-medical approach to counseling that was not focused on the goal of coming up with a diagnosis and treatment plan. "The counselor's attitude of respect for the integrity of the client contributes much to the counseling attitude. The individuality that the military services have been forced to strip from the service man is restored" (p. 19).

Rogers and Wollen advocate for respect for the personal autonomy of the client. "The counselor feels that each person has the right to make his own decisions. He has the right to seek and make use of assistance, but he also has the right to refuse help. He is responsible for his own life and every precaution should be taken to build up this sense of self-responsibility rather than to tear it down" (pp. 19-20). They express belief in the client's capacity for adjustment. "The counselor's attention is centered upon the whole man, the en-

(Continued on page 2, See *Rogers*.)

(Rogers, Continued from page 1.)

tire person, not upon particular fragments” (p. 20). The authors advocate for tolerance and acceptance of the client’s differences. “Far from believing that all people will or should feel, think, and act as he does, the counselor expects to find the client different from himself. He realizes that he cannot expect to diagnose the client and prescribe a course of action for him. The differences between them preclude this. Any advice or suggestions that he might give would be based upon his own values and not upon those of the client. No person can solve another’s problems for him” (pp. 20-21).

The core of the Rogerian technique lies in these lines: “As the client becomes aware of the respect, dignity, seriousness, and tolerance with which he is treated, he is enabled to express deeper and more intimate attitudes and feelings. These, then, can be accepted and integrated into his own personality, thus providing the basis for later more successful adjustment. The counselor’s behavior is all aimed at helping the client himself gain these understandings—never at arriving at a diagnosis of his own, which, although it may be correct, does not help the client. It is the client’s problem to understand himself and assimilate this knowledge, not the problem of the counselor” (p. 21).

Carl Rogers’ approach to psychotherapy was compatible with analytic techniques that fostered self development and insight. Writing at the end of WWII, it was remarkably devoid of awareness of psychological trauma in “returning service men,” but was humane and sincere in respect for the individual in need of help.

#### **The Rogerian Technique and Cultural Awareness**

There should be a distinction here regarding Rogers’ advice to counselors and the idea that his method can be applied in psychotherapy. One of the drawbacks to this style is that it fosters transference in therapy. When the therapist adopts the Rogerian method, he reveals nothing that is personal. The client in psychotherapy, revealing all that is relevant, is tempted to imagine who the therapist is.

For the short term, however, Rogers has an important point to make regarding cultural sensitivity. The therapist simply reflects back what the client is saying without hint of judgment or opinion, which is a very culturally neutral technique. Veterans come out of the culture of the military, plus they have their individual family heritage. Although it’s nice to know military jargon, with all its acronyms and nomenclature, it is far more important to listen carefully to what the client is saying and to

reflect back the information that the client is being heard.

Every therapist is challenged with the task of adapting to the client, no matter how culturally unique. In the Pacific Northwest we are liable to have occasion to encounter outlaw bikers, Natives of northwest tribes, transient workers from Mexico, Southeast Asian émigrés, transients from Gulf states. To each the counselor must adapt and find common ground. The veteran of recent military service will likely have the layer of cultural otherness in addition to his or her original culture. Rogers and Wallen referred to the military veterans customary function within a chain of command, “unused to accepting decisions as his responsibility”.

However, not all “returning servicemen” are converted to the military mind. It is up to the counselor to determine what the client’s frame of reference is. But first the relationship must have an anchor, something that the therapist and the client have in common, a rapport that it is the therapist’s job to establish. It certainly helps, if talking to a veteran of recent military service to know how to use military language, but clear language needs no translation. The therapist could ask about the veteran’s “MOS”, or could ask in clear language about the veteran’s job in the military.

There is a skill that all therapists must develop that has to do with identifying common ground with the client. Carl Rogers had a wonderful system that turned the therapist into a mirror reflecting back everything coming from the client. Some therapists adopt a physical posture that mirrors the client’s posture. Rapport can be found in common gender, parental roles, occupations, hobbies, sports, weather, discussion of apparel, tattoos, jewelry. Even the intake form that provides demographic information can be used as a sufficient ice-breaker.

Respect that is perceived by the client coming from the therapist is a great rapport builder. Naturally the therapist’s military history, if there is one, is an asset, but usually not as significant as a sense that the client may have of being understood. The complication arises when the client’s military experience, be it a few months or many years, has traumas in the history. Emotional traumas are personal, transcending gender and race and religion. If they exist in a context of military life, it is upon the therapist to ferret out the meaning attached to the traumatic experience. This is where the therapist must listen with a careful ear and without stereotype for what the traumatic experience means to the client. That means that the therapist must know not just the military context, but the background of the client’s cultural heritage and, through the associations that the client makes, weave with the client the fabric of meaning. ##

**The Repetition & Avoidance Quarterly (RAQ)** is published each season of the year by The Washington Department of Veterans Affairs PTSD-War Trauma Program. The PTSD Program’s director is Tom Schumacher, who is also the publisher of the RAQ. The editor of the RAQ is Emmett Early. The RAQ is intended as a contractors’ gazette for the communication of information relevant to the treatment of PTSD in war veterans and their families. To be included in our E-mailing list, contact WDVA, Tom Schumacher, or Emmett Early, and send us your Email address. Previous editions of the RAQ can also be read online by going to the WDVA website [www.dva.wa.gov](http://www.dva.wa.gov). Once you arrive at the website, click on PTSD, and once on the PTSD page, scroll to where you find access to the RAQ. The gazette logo on the front page is a computerized drawing of a photograph of a discarded sign, circa 1980, discovered in a dump outside the La Push Ocean Park Resort. Comments and contributions to *The Repetition & Avoidance Quarterly* are encouraged. We also seek your offerings of literary references that you find meaningful, inspirational, or therapeutic in your work with trauma survivors, or as a student in the field of traumatology. Space may limit a large submission, however, the submission will be considered for publication. ##

## Psychologists Criticize Army's Positive Psychology Program

In the "Letters to the Editor" section at the back of the October issue of the *American Psychologist* [2011, 66(7), 641-647], readers responded to the series of articles from the January issue that were devoted to the introduction of Positive Psychology into the Army's Comprehensive Soldier Fitness Program, which was granted by a Defense Department \$31 million no-bid contract to Martin Seligman and the University of Pennsylvania. [See *RAQ* 15(2) for a review of those articles.]

Sean Phipps, himself a positive psychologist, in a letter, "Positive Psychology and War: An Oxymoron," described the project as "a colossal experiment." He wrote, "It is a fact that we are at war, but a more constructive positive psychology approach would be geared to bringing conflicts to resolution rather than creating an invulnerable soldier" (p. 641). He asserted that "A true positive psychology should be primarily addressed to eradicating the disease of war, not to supporting those who fight it" (p. 642).

Dr. Phipps and other authors decried the fact that the such a large program of screening and training, costing millions of dollars, was being launched without more careful development and testing. Their criticism was reminiscent of the rush to develop inoculations of combatants against potential chemical warfare weapons that might be deployed during the First Gulf War without complete screening by the FDA. Joachim Krueger of Brown University, in his letter, "Shock Without Awe," wrote that "The development of valid psychological tools takes time. Before being deployed, assessment tools and intervention methods must be carefully designed, tested, refined, and tested again. This process must be documented and shared with the scientific community (and beyond). The American Psychological Association demands it for good reason. The comprehensive fitness initiative shows no sign of respect for these standards" (p. 642). He points out that the Seligman program will be used not for selection but for intervention, where those with low scores will be receiving additional training.

Dr. Krueger comments that "Applied research must have clear objectives. Making a list of desirable outcomes is not enough. When multiple outcomes are possible, their interrelations must be considered. The present case comprises one set of outcomes that is good for the collective (the Army) and another set that is good for the individual (the soldier)." He adds, "This exposition implies that the interests of the group (Army) and the individual (soldier) are compatible;..." They are not, he asserts. "The client of the comprehensive fitness psychologists is the Army, not the individual soldier" (p. 642). Dr. Krueger adds in closing his letter: "It is, in my view, *not* legitimate for psychologists to obfuscate the conflict of interest between Army and soldier and to act as though they care, above all, about the well-being of the soldier" (p. 643).

A trio of psychologists (Roy Eidelson, Marc Pilisuk, and Stephen Soldz) wrote a letter, "The Dark Side of Comprehensive Soldier Fitness," sharply criticizing the ethics of the army program. They note that it was launched without pilot testing. Prior testing was done of "entirely different populations and the effects have been modest and inconsistent" (p. 643). The authors complain that "No evidence was provided indicating that CSF received preliminary review by an independent ethics review

board." They suggest that the army's resilience training could result in harm to "our soldiers by making them more likely to engage in combat actions that adversely affect their psychological health" (p. 643). They go further to charge that "The APA's uncritical promotion of CSF reveals much about current moral challenges facing the profession of psychology." There are better ways to use psychological research, for example, "If the CSF program is truly about enhancing well-being, then we should consider whether these soldiers might be helped more by finding nonmilitary ways to resolve the conflicts and concerns for which they carry such heavy burdens" (p. 644).

John Dyckman, in his letter, "Exposing the Glosses in Seligman and Fowler's (2011) Straw-Man Arguments," refers to his own work in psychotherapy with Vietnam War veterans and the experience of his father fighting in WWII. "If one grants the premise that military force is sometimes necessary, it is not clear that any amount of training can adequately prepare soldiers for the reality of suffering that they will witness and often inflict on other human beings" (p. 644). Dr. Dyckman makes a personal statement: "Having worked with veterans who agonized over having killed civilians in Viet Nam, I believe that this issue is a much more convoluted program than either Seligman or Fowler contend. Their arguments can easily be read as justifying any killing that is done in uniform" (p. 644).

James Campbell Quick, in his letter, "Missing: Critical and Skeptical Perspectives on Comprehensive Soldier Fitness," compares the CSF program to the promotion of drugs in the pharmaceutical industry. "My prayer is that psychology does not go the way of the drug industry, overselling benefits and underreporting risks, harm, and side effects" (p. 645). He is more specific in his criticism on a scientific level and warns against "the seductiveness of new research paradigms," noting the "ahistorical character of positive organizational behavior research and writing." He notes, "The Comprehensive Soldier Fitness program may be very good secondary prevention (time will tell), but the preferred point of intervention from a public health standpoint is always primary prevention. Will we, as a nation, do anything about the problem impacting our service men and women?" He closes his letter with advice and a barb: "APA and the *American Psychologist* need to stay grounded in science, not sell infomercials. The line between the two can be fuzzy" (p. 645).

Dr. Seligman, in his letter of response to the above criticism, charges his critics with disapproving of American foreign policy (p. 646). He stands behind the army's contention that the CSF program is not research and likens it to training to prevent sexually transmitted disease or to wear seat belts. He also contends that "Pilot studies would have been great, but the Army vetoed that because such studies would have taken years" (p. 646). He challenged his critics by asking them if they would "withhold their professional skills from individual American soldiers who came to them for treatment." Dr. Seligman closes with a personal note, and perhaps a mark of the long term inter-generational effects of trauma, that he was saved by the army. "I view the U.S. Army as the force that stood between me and the Nazi gas chambers, and thus I count my days with the sergeants and the generals as the most fulfilling of my life." He added that the army "deserves the very best that psychology can offer." EE ##

## Variations in VA C&P Exams

The October, 2011, *Journal of Traumatic Stress* reported on a multi-state survey of VA Compensation and Pension examiners who evaluated veterans for PTSD. James C. Jackson of the VA Tennessee Valley Health Care System led a prestigious group of authors in reporting the survey ["Variation in Practices and Attitudes of Clinicians Assessing PTSD-Related Disability Among Veterans, 24 (5), 609-613]. The authors reported on a sample of 138 clinicians, "representing 75 VA facilities" who responded to their 128-item survey "including questions pertaining to demographics, employment, education, and experience" (p. 610).

Jackson, et al, wrote that "Less than half of the examiners reported having received training in administering diagnostic interviews for PTSD. Most clinicians (82%) received formal training in generating a global assessment of functioning (GAF) score as well as taking a trauma history (75%)" (p. 610). The authors found that "standardized interviews were seldom employed, with 85% and 90% reporting that they 'never' or 'rarely' use the Clinician Administered PTSD Scale...." They found that "53% of clinicians reported a preference for the standardized interview" and that 59% "rarely or never use testing" (p. 610).

Jackson, et al, found that "participants held varying opinions of the authenticity of veterans' psychiatric complaints. A quarter of the participants reported that at least 15% of veterans exaggerate PTSD symptoms. Five percent of participants believe that symptom exaggeration is engaged in by more than 25% of veterans. In contrast, 25% of participants reported that at least 15% of veterans minimize and underreport their symptoms" (p. 612).

The authors observed that opinions in the scientific community regarding veterans' malingering are based on anecdotes. They report that "an internal study conducted in 2005 by the VA Office of Inspector General...found that malingered military-related PTSD is not nearly as prevalent as others have estimated, as only 13 (0.6%) of 2,100 reviewed service-connected PTSD cases were potentially fraudulent. These VA findings were corroborated [in a 2007 study by Dohrenwend] who found no evidence of malingering and virtually no evidence of attempts to inflate disability claims." (pp. 612-3).

Jackson, et al, observe that the "multi-method" approach to conducting C&P exams is widely recommended by experts in PTSD to reflect "best practices." They state, however, "there is currently no evidence from clinical trials showing that adherence to these practices improves the quality of C&P evaluations and examinations done in accordance with these practices are not required by the VA (though this is strongly recommended)" (p. 613). The authors add that "Wide variations in practice styles could have a detrimental impact on the perceived fairness and equity of the PTSD disability examination, appropriate clinical treatment dependent on valid detection of PTSD, and benchmarks for quality improvement in use of evidence-based practices" (p. 613).

### Comment

There is a curious difference reported here in the perception of C&P examiners that a substantial number of veterans exaggerate PTSD symptoms, whereas, as noted above, scientifically rigorous studies of the process have repeatedly demonstrated that occurrences of malingering and exaggeration are minimal. Perhaps the suspected malingerers, although rare, stand out in the examiners' memories. EE ##

## Exposure to Combat Expands, Troop Morale Declines

APA's trade magazine, *Monitor on Psychology*, reported in its November, 2011, edition that the percentages of American troops who engage in direct combat ("reported killing an enemy combatant") has increased from 33% 2009 to 48% in 2010. Reporter C. Munsey quoted a spokesman for the Walter Reed Army Institute of Research that over the same time period 62% of soldiers and 67% of marines reported surviving a blast from an IED. The spokesman described the figures as representing "incredibly high rates of combat."

The team surveyed 1,246 soldiers and marines drawn randomly from combat platoons. The survey found that 15% of the troops reported on their third or fourth deployment that they took medication for a mental health condition, compared to 5% of troops who were on their first deployment. According to the report, 19% of marines reported "acute stress, depression or anxiety", a figure that was twice as high as it was in 2007.

Spokesman for the researchers, Col. Paul Bliese, Ph.D., said that now that the survey is complete he "wants to follow up with units that experienced a lot of combat since prior research suggests that those who directly witness and participate in such violent experiences are more likely to have psychological problems three to six months after returning home..." (p. 13).

Unit morale was also declining, with only 12% of marines reporting "high or very high morale compared with 23% from a 2007 Iraq survey." Col. Bliese concluded "this [level of] combat exposure has dampened morale and increased feelings of acute stress."

The *Monitor* article states that it appears that the level of combat experienced by those who are deployed to a combat zone has increased.

### War Costs Projected

In an adjacent article (p. 11) the *Monitor* reported that data from the Congressional Budget Office estimates that the annual cost of disability and health care for veterans of the Iraq and Afghanistan wars, "including treatment for posttraumatic stress disorder and traumatic brain injury" will reach at least \$5 billion by 2020. The article reports two scenarios: one reflects a quick reduction of forces to 30,000 by 2013, the other reflects a more gradual withdrawal to 60,000 by 2015. The second scenario, the *Monitor* states, "resulted in costs on the par (\$8 billion) with the interest America pays on its national debt." EE ##

## RAQ Retort

The *Journal of Traumatic Stress* doesn't invite comment, but we do. If you find that you have something to add to our articles, either as retort or elaboration, you are invited to communicate via letter or Email. And if you have a workshop or a book experience to tout, rave or warn us about, the *RAQ* may play a role. Your contributions will be read by all the important people. Email the editor or WDVA.

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**Book Review:***Suicide Run: Five Tales of the Marine Corps*, by William Styron

Reviewed by Emmett Early

William Styron died in 2006. He was the author of some remarkable novels and winner of the Pulitzer Prize for his most controversial novel, *The Confessions of Nat Turner*. He joined the Marine Corps in the middle of World War II and was commissioned a Second Lieutenant and assigned to a mortar platoon that was headed for the Pacific and the invasion of Japan, but Styron never left San Francisco. His fiction in *Suicide Run* is not entirely a reflection of his military experience. In his stories the platoon was staged on Saipan and the battalion was used as a diversionary faint during the invasion of Okinawa, but never engaged in combat. After the war Styron remained in the marine reserves and was recalled to active duty during the Korean War, but again did not see combat.

Two of the five stories in this collection, "Marriott, the Marine" and "Suicide Run" involve his experience training at Camp Lejeune after his character, Paul Whitehurst, has been recalled to service. The title story is especially poignant. Whitehurst and his friend Lacy have girlfriends in New York City and they make wild, lustful excursions on the weekends, driving to Washington DC and catching a train to NYC, uniting with their girls, and then returning exhausted on a long drive home. Lacy is a veteran of WWII combat and, when he is driving back, dozes into the path of an oncoming truck, veering off at the last moment to avoid a crash, then recounts to Paul his flashback of near death on Okinawa: "I saw the m...f... dog again." He tells Whitehurst of being trapped in a field under a mortar barrage and being attacked by a maddened cur.

The longest story in this collection is "My Father's House," and is quite interesting. It shows Styron's literary skill in its complex construction. His character, Paul, has returned home to his father's house in North Carolina at the end of WWII. There he deals with friction with his "soulless" stepmother, his loving father, his lust for the neighbor girl, his boundless love for an African American woman who cared for him during his mother's fatal illness, and his memories of profound fear while encamped on Saipan awaiting certain death invading the Japanese mainland. The scenes he describes as his memories of Saipan were excerpted from "My Father's House" and published in *The New Yorker* in 2009. The scenes he depicted reveal the depth of Paul's fear that was to carry forward when he is recalled to active duty and again anticipates combat in Korea. In the excerpted scenes on Saipan, Styron is able to capture the bravado of the young marine officers who do not reveal their anticipatory fear of death, and, in one vivid scene, the officers are called to assembly and lectured at by naval officers about the upcoming invasion. One old salt marine Lt. Col., who is something of a hero battalion commander, scoffs and jeers at the officers delivering the lecture, venting his anger at the memories he has of previous island invasions in which the navy had boasted about pulverizing resistance only to discover that their big guns had not incapacitated the enemy defenders as promised. The colonel then lead the officers on a long, challenging, exhausting run along the beach at night back to their encampment while overhead B-29s are passing from their base on Tinian Island to bomb Japan and perhaps deliver the

Atomic Bomb to Hiroshima. Building the complexity of the scene, Paul, back in his father's house, an aspiring writer, is reading an historic article in *The New Yorker* by John Hersey, recounting the impact of the A-bomb as experienced by the citizens of Hiroshima. The bomb that saved him from sure horrific destruction resulted in the destruction of other innocents. And then Paul is at breakfast arguing with his step-mother about the death penalty that is in the news as a young African American is being executed for the rape of a white woman. Paul's step-mother takes up the justification that the blacks must be restrained by such punishments because they lust for white women, while Paul derides her with compulsive GI vulgarity.

The lead story in this small but special collection is also of interest from the angle of war veterans. It describes a marine Warrant Officer in "Blankenship," who has been assigned to command marine guards on a naval prison in New York harbor. Styron, himself, was assigned duty on Harts Island in Long Island Sound. His character, Blankenship, had served in combat on Guadalcanal, where he received a Silver Star and a serious leg wound which continued to cause him discomfort. The scenes at the dreary island prison center around an escape that had been successfully staged by two inmates. Blankenship experiences a "slow mounting thrill of anticipation so intense and freighted with promise that it was like a sort of ecstasy." William Styron's prose is at its best here, recounting a war veteran's visceral memory. "He had felt it before, this cold excitement involving something to which he could hardly assign a name—challenge, perhaps, or summons to duty—at any rate a quickening of his senses so clamorous and memorable that in long periods when it was not there he had found himself waiting for it, waiting for the crisis with the tranquil, fierce patience of a communicant awaiting the moment of passion,... It was as if this morning he had once again and for the first time since Guadalcanal been given the call..." (p. 16).

One of the notable facts about William Styron was his publicized struggle with major depression, which he wrote about at length in *Darkness Visible*. Also controversial was the publication in 1967 of *The Confessions of Nat Turner*, which raised the ire of many because a Southern white author had attempted to describe the struggles of an African American slave rebel. Styron reveals his bonding with African Americans when he describes his love for the woman who cared for and nurtured him as his mother was dying. That kind of love is irrational and life-long and I can appreciate Styron's attempt to pay tribute.

The contemporary movie about marines during the first Gulf War, *Jarhead*, had captured a bit of the frustration and relief when the squad of infantry scouts are unable to engage the enemy after training so many months in preparation. For Styron, not only was he almost plunged into combat and for him sure death—for his battalion was sure to be the first on the beaches for the mainland invasion—then to be recalled for the Korean War, his aching fears reawakened cruelly marking him with nagging survivor's guilt. ##

## Factors Leading to Alienation Among War Veterans

Alienation among war veterans, that is, veterans of military service in a combat zone, seems to be common and expected, especially during the early period after return home. Several factors seem to contribute to the veterans' alienation, which we have come to think of as a normal reaction for foreign combat. Shown on the right is a popular example of one source of alienation. Dana Andrews is shown in this scene from William Wyler's 1946 *The Best Years of our Lives*. Andrews plays an army air corps bombardier with combat experience flying over Europe in B-17s. Here he is seen returning to the site of his former employment, looking into getting his old job back as a soda jerk. Note the girls at the counter gazing at him in his uniform and medals. The veteran does get his old job back and finds that his supervisor is a younger man who did not serve in the military. The job for this veteran did not last long and emphasizes the contrast between the responsibilities put upon young troops in combat situations, developing skills that are difficult to translate into mundane domestic jobs they are seeking.



**Dana Andrews as Fred, an air corps bombardier just back from WWII, looking to get his old job back as a soda jerk, in William Wyler's *The Best Years of our Lives*.**

Most combat veterans come home with memories that are not shared by family, friends, or age peers, and which are composed of experiences involving suffering, violence, death, trauma, high levels of comradeship, excitement, and extraordinary performance. Like the fictional bombardier veteran, it is virtually impossible to convey the content of those memories, which are likely to be shared only with a few other veterans. The contrast, however, between the salience and meaning created by those memories and the experience of adjusting to domestic civilian life in peacetime can cause alienation.

I once knew a female Iraq veteran who had the task of returning to her job before her unit was activated and in which she served part of her time operating a machine-gun on a Humvee. The job she returned to was as a corporate receptionist.

The dictionary defines alienation as the experience of separation from one's culture or affiliations, where one had previously been attached. Not being able to share memories is not in itself alienating. It is the profound meaning of the memories that are of experiences not shared by family or friends.

Having been traumatized during foreign combat creates a large experiential gap, such as having qualms about visiting crowded places, like Pike's Place Market or professional sports venues. It is not far-fetched to think that a terrorist might set off a bomb in a crowd....not likely to happen here, but the day it did happen in the combat zone, makes the improbable seem probable.

The definition of alienation includes the factor that one is separated from how one used to be. The veteran who returns to his or her former hometown has the task of acknowledging that the differences are remarkable. The veteran has changed, but it appears his family members

and former companions have not changed. The veteran may be less tolerant of mistakes—not so easy going—and even if this judgment is not expressed openly, its influence is felt. Veterans who have been in traumatizing situations in combat have the unpleasant experience of harboring the feeling of apprehension—that is, in effect, that something dangerous is about to happen again—which inhibits spontaneity.

The changes that occur after a period of foreign combat can affect the values of a veteran. Exposure to death and suffering in a combat zone is on a scale that is not shared by homebodies. Reports from veterans of past wars attest to the judgment that is cast on the people who live in war zones, where sanitation and hygiene habits take second place to the desire for safety and to avoid starvation. The veteran who returns home comes back to a where citizens are oblivious to danger. The common experience in combat is one of risk of death and exposure to human suffering, particularly the suffering of defenseless innocents. When exposure to death becomes common, one becomes familiar, if not comfortable, and death may lose its strangeness. Common mundane concerns of civilians at home can seem ridiculous to a veteran, and such a feeling can foster a sense of alienation.

Some veterans enter professions or trades that encourage a kind of subculture that shares the veterans' values and feelings of being separate from society. Native American tribes recognize this phenomenon through ritual. Clubs, gangs, and societies formalize and define the difference between the member and the rest of society. When I was just out of the air force attending college, there were tables at the cafeteria where veterans tended to frequent. It was never formal, but the veterans, often wordlessly, recognized a mutual sense of shared values. Sometimes all it takes is one relationship of understanding, the experience of intimacy with another, that can transcend the alienating sense of otherness. EE ##

**Book Review:***The Master and his Emissary: The Divided Brain and the Making of the Western World*, by Iain McGilchrist

Reviewed by Emmett Early

Iain McGilchrist, author of *The Master and his Emissary: The Divided Brain and the Making of the Western World*, has positioned himself uniquely within the parallel worlds of science and the humanities. He is both a psychiatrist and former Director of Maudsley Psychiatric Hospital in London and English instructor at Oxford University. His book is a remarkable accomplishment that marries neuroscience and human history, including art history and philosophy, and is appropriately divided into two parts. The first part largely discusses the vast research into the neuroscience of the brain that is divided into two hemispheres that are connected by the corpus callosum. In this section he goes into elaborate detail describing the ways the two hemispheres differ and cooperate. The second part of the book, "How the Brain has Shaped our World," explores the history of human development, especially as it concerns art, philosophy, and literature, and the impact that the division of the brain had upon culture and the ways culture has been affected by the influence of one hemisphere or the other. The book's title, *The Master and his Emissary*, is taken from a story related by Nietzsche about a master who grows so powerful in his influence that he is required to delegate some of his power to an emissary, who in turn forgets where his power comes from and assumes to be the source of the power himself. "And so it came about that the master was usurped, the people were duped, the domain became a tyranny, and eventually it collapsed in ruins" (p. 14). He proceeds to discuss, then, the impact on civilization when one hemisphere or the other comes to dominate, and, particularly apropos, the current state of affairs of left hemisphere dominance in western culture.

Dr. McGilchrist's book is a challenge to read and yet was so rewarding to me that by the time I finished its dense, well-written, abundantly referenced pages, I had thoughts about starting again to re-read it from the beginning. I also thought about its application to our world of the treatment of war veterans, particularly as it applies to the theories of psychotherapy that these days vie for prominence. To this end I will quote directly from the author on his summary of the influence of the two hemispheres of the brain.

"If one had to encapsulate the principal differences in the experience mediated by the two hemispheres, their two modes of being, one could put it like this. The world of the left hemisphere, dependent on denotative language and abstraction, yields clarity and power to manipulate things that are known, fixed, static, isolated, decontextualised, explicit, disembodied, general in nature, but ultimately lifeless. The right hemisphere, by contrast, yields a world of individual, changing, evolving, interconnected, implicit, incarnate, living beings within the context of the lived world, but in the nature of things never fully graspable, always imperfectly known – and to this world it exists in a relationship of care. The knowledge that is mediated by the left hemisphere is knowledge within a closed system. It has the advantage of perfection, but such perfection is bought ultimately at the price

of emptiness, of self-reference. It can mediate knowledge only in terms of a mechanical rearrangement of other things already known. It can never really 'break out' to know anything new, because its knowledge is of its own representations only. Where the thing itself is 'present' to the right hemisphere, it is only 're-presented' by the left hemisphere, now become an *idea* of a thing. Where the right hemisphere is conscious of the Other, whatever it may be, the left hemisphere's consciousness is of itself" (pp. 174-175).

Reading this treatise I ponder my own entrance into the field of psychology, coming from being steeped in Jungian literature with its ambiguous symbolism of mythology, and entering the university system that was, at the time in the early 1970s, dominated by Skinnerian behaviorism and learning theory. Then, in the 1980s I experience the impact of Vietnam War veterans entering the VA hospital system and the parallel development in Washington state of the PTSD outreach program of the state Department of Veterans Affairs. The federal VA system, it seemed, came from a tradition of knowing what to do, having treatment programs that were developed within a huge institutional system that had its foundation rooted in the same federal government that had conducted the war. The State system, while it was pioneered with the inspiration of the federal Vets Center outreach program, had a grass roots organization that was oriented toward individual practitioners treating individual veterans within the same community. The federal VA treatment of PTSD was organized by regional networks that had slogan titles like "Centers for Excellence." Vietnam War veterans were wary of the largely impersonal institutional system of the same federal government that had led them into traumatic situations with such slogans as "winning the hearts and minds" and promoting freedom and democracy.

By contrast, the WDVA counseling program had the common face of a community practitioner who was known by reputation. The counselor practiced counseling techniques that were based on the veteran's needs. There was no time limit on how long the counseling should take and chances were good that the same counselor would guide the veteran to navigate the larger system of care.

Of course there were many needs that the veteran would have (fixed, left hemisphere) that could only be addressed by a larger institution: medical, eye-care, hearing, etc. But when it came to seeing the larger (right hemisphere) picture, the soulful, spiritual needs of a veteran traumatized by war, the flexibility of the State system, based on the idea that the relationship between the counselor and the client was where the healing took place, was invaluable.

Iain McGilchrist has a great line in *The Master and his Emissary*, that I think applies when "best practices" directives come down from VA Centers for Excellence: "Certainty," he writes, "is the greatest of all delusions" (p. 460).

(Continued on page 8, see McGilchrist.)

(McGilchrist, continued from page 7.)

All this about the VA system as a post-modern institution, of course, is not meant to indict any individual employee, therapist, or staff person, any of whom may provide soulful, loving care to the veteran. But as an institution that is huge in its reach, directed from Washington DC with a \$6 billion annual budget and 20,000 professional employees, filtered through offices that command regions called VISINs, where acronyms and jargon proliferate, the heart of psychotherapy for veterans risks being drained of spirit. Dr. McGilchrist writes of this in terms of discussing modernity generally, but it applies to veterans who are discharged from military service, and may indeed be at the heart of the high veterans suicide rate: "Thus our attachments, the web of relations which give life meaning, all come to be disrupted. Continuities of space and time are related: the loss of sense of place threatens identity, whether personal, or cultural, over time—the sense of place not just where we were born and will die, but where our forefathers did, and our children's children will. Continuities of time are disrupted as the traditions that embody them are disrupted or discarded, ways of thinking and behaving, change no longer gradually and at a pace that the culture can absorb, but radically, rapidly and with the implicit, and at times explicit, aim of erasing the past. And...the sense of community—the ultimate attachment, connect-edness with one another—also weakens radically" (p. 391).

I attended a recent workshop on the subject of suicide that was given by a VA doctor. The bigger (right hemisphere) picture involving deployments or impending deployments to war zones was almost entirely ignored in the presentation and instead the speaker spent most of his time analyzing the hospital charts of 7 local veterans who had committed suicide. With a narrow focus he recounted the percentages of this or that variable among the 7. The institutionally imposed left hemisphere had captured the thinking of the doctor and the profound subject of military and veteran suicide, the cultural alienation of veterans, the global (right hemisphere) picture of the impact that the wars were having on our population were not addressed. For Dr. McGilchrist this would be an example of left hemisphere self-reference that leads to detachment from the world at large, an example of how the "emissary" loses touch is his "master."

Native American tribal cultures, on the other hand, societies which have been forced to focus on preserving and transmitting their heritage, have been able to preserve the right hemisphere context of the culture as a whole. Veterans who return to their tribes have the opportunity to find a place for the warrior returned through ceremony and tribal recognition.

It may be impossible for a nationally organized institution such as the federal Department of Veterans Affairs to personalize care and present it to the community the way our Washington State PTSD program can, without slogan and with a minimum of acronyms. The value of Iain McGilchrist's *The Master and his Emissary* lies in its much needed perspective that we are all lodged in a post-modern western world where individual alienation abounds. The veteran, stepping out of the encompassing military fold and returning to his or her society, is tasked to recapture the attachment and connectedness that once existed. The memory of foreign combat has changed the person and precludes easy reintegration. The veteran is required then to foster a new attachment that integrates past with present, creating meaning. ##

## War Veteran Student Suicide Risk Assessed

A study was reported at the 2011 annual convention of the American Psychological Association that nearly half the college students who are U.S. military veterans have thought of suicide and 20 percent said they had planned to kill themselves, which is a rate that is significantly higher than the general population of college students. The study that sampled 525 veterans, 415 men and 110 women, was presented by M. David Rudd, Ph.D. and reported in the October, 2011, *Monitor on Psychology*, which is a trade journal for the APA.

The *Monitor* reporter, L. Bowen, writes: "The findings were startling:

46 percent indicated suicidal thinking at some point during their lives.

20 percent reported suicidal thought with a plan.

10.4 percent reported thinking of suicide very often.

7.7 percent reported a suicide attempt.

3.8 percent reported a suicide attempt was either likely or very likely."

According to the American College Health Association's 2010 data only 6 percent of general college students reported seriously considering suicide. The Rudd survey also reported that "the student veterans' suicide-related problems were comparable to or more severe than those of veterans seeking mental health services from VA medical centers."

The *Monitor* article reported that the study authors recommended that college and university counseling centers develop training to recognize and treat combat-related trauma, and that the training be broadened to all student services offices that have contact with veterans.

Veteran students speaking at the recent King County Veterans Training highlighted the stressors involved in studying at the college level, which included the stress of finances, homelessness, struggles with concentration, including the complications of PTSD and mild traumatic brain injury. They also talked about the poor job the military does in processing personnel out of the military in the sense of preparing them to reenter civilian life. Those who were involved in combat deployments were flanked by those who were not deployed, but lived with the stress and fears involved with possible deployments including the emotions associated with survivor's guilt.

Vet Corps workers have reached out to many campuses in Washington State to inform campus officials and staffers who come in contact with military veterans. Concerns about stigma associated with PTSD remain strong, especially among rural veterans. The healing factor in offering relationship to veterans need not broach the subject of symptoms of suicidality directly, but offer instead by providing an opening for dialog, breaking down isolation and alienation for a veteran whose most recent culture has been military and who may be harboring memories that are alien to the general campus population. ## EE

**Book Review:***The Long Road Home: The Aftermath of the Second World War*, by Ben Shephard

Reviewed by Emmett Early

Of all the books about the history of World War II, there are few that describe the problems of the civilians who were caught up in the chaos and cruelty. Ben Shephard in *The Long Road Home* captures some of that horrible history, although he spends more time than I would have wished for on the politics of the institutions of relief. Not only were Jews, Gypsies, political opponents, and Poles sent to the Death Camps for annihilation, millions of others were forced into slave labor by the Nazis from all the countries that they occupied, including POWs from Allied armies. This large population was left when Germany was defeated and they had to be cared for by the conquering Allied forces. Also among the refugees were many ethnic Germans who were exiled from lands occupied and populated by Germany. Ben Shephard's thoroughly researched book tackles the monumental problem of the logistics of finding a way to get all those abused, persecuted, ill, and starving people back to where they wanted to go, and sometimes where they didn't want to go. Many from Eastern Europe did not want to return to Soviet rule, but were forced to by Allied agreements.

Camps were established in defeated Germany for Displaced Persons (DPs) and the inhabitants of those camps displayed the symptoms of PTSD. They had lost their families and loved ones, lost their communities, and been starved, beaten, tortured, and forced into labor under inhumane conditions. Returning the DPs to their homeland, or to a more hospitable destination, such as Palestine, the U.S., or Australia, was a task that took many years.

A snapshot of one of the camps for Jewish survivors was described well by Shephard: "An American observer was struck by the 'stark realism and sheer drama of its (Jewish camp theater) productions: Scenes with flames reaching out onto the stage depicting Jews being led to the crematoria, or showing Germans crushing the skull of a child, are commonplace...this is not acting but factual reproduction of what they have endured.' He also noticed that 'at the finale there never is applause, just significant and painful silence that hangs over the theatre. It is not uncommon to see an audience of over 3000 persons burst into tears and hysterical sobbing throughout the production.'" (pp. 108-9).

Relief workers wanted to return the survivors quickly back to productive living, but the conditions of internment were long-lasting. "The most important theme to emerge was the extinction of personal gaiety, the loss of the ability to enjoy yourself" (p. 297). One DP observed, "It is as if I would sin if I should feel joy for a moment..." "My mouth is singing but my heart worries" (p. 298). And, without contradiction, there was a common phenomenon of sexual promiscuity, which took on, perhaps, a compulsive need to reproduce again. People who had been slave laborers found the effort to work to be noxious and avoided. "Living on 1,700 or 2,000 calories a day, they found it difficult to make the mental effort to plan." (p. 296). "An Estonian psychologist living among the DPs was initially surprised at how little mental illness there was. Eduard Bakis had expected wartime experiences, culminating in the loss of their homeland, to do more 'harm.' But by the summer of 1947, after two years in the camps, more serious symptoms had become conspicuous. Almost everyone was 'showing at one time or another behaviour that had to be classified as neurotic' (p. 296).

There was a large population of "unaccompanied" children among DPs, who had been separated from their families, orphaned, or kidnapped. Shephard writes, "From the moment they entered Germany, Allied soldiers found children separated from their families—'unaccompanied children,' as they were called. These included child survivors of concentration camps and forced-labor brigades and 'GI mascots,' boys who had attached themselves to the U.S. Army and then been abandoned" (p. 316). It was a particularly horrendous practice of the Nazis, known as the *Lebensborn* Program, to kidnap children from the countries that they occupied. "The Lebensborn program had begun in the winter of 1941. Initially Lebensborn centers were set up for children born to selected Nazi men and women in order to swell the Aryan population—the future *Herrenvolk*. Later a scheme was created to kidnap blond, blue-eyed children from families mostly in German-occupied Poland, where, it was reported, there was a large number of children whose racial appearance made them suitable for 'Germanization.' Other intelligent, healthy-looking children of the 'Nordic' type aged between two and twelve, found living in Yugoslavia, Czechoslovakia, Romania, the Netherlands, Belgium, and France, were targeted by teams of officials who snatched them from parks, school playgrounds, or their homes. Children vanished from forced-labor camps while their mothers were working. In Poland entire orphanages were emptied and put in institutions or fostered in a family which had pledged to bring them up as good Germans in return for maintenance payments. All were given new German names and instructed in the German language and German ways. Those who failed the tests were sent to hospitals for medical experiments and invariably died. None were ever sent home" (p. 318).

Part of the difficulty of returning the children was that many had been raised in German households and had bonded with the foster parents and did not want to leave, and, sadly, were taken back by force to their country of origin and placed in orphanages, so that the children were traumatized again. Shephard put the problem nicely: "Idealized, romanticized, and made to bear the weight of expectation, symbols of innocence in a world of terrible evil, vessels of hope for the future, children carried the burden of adult projections" (p. 307).

The Displaced Persons problem went on for years in Germany following the end of the war and before the millions of people were able to find new homes. Complicating matters was the passionate campaign of Zionism to create a nation of Israel and promoters made the case in the camps to dissuade Jewish survivors from returning to their countries, but instead make the voyage to Palestine, where they were inevitably to face another war. Others, particularly Poles and Ukrainians, whose countries came under Soviet control, were resistant to returning home and wished to emigrate to more hospitable countries, like the United States.

*The Long Road Home* gives a sad and horrible picture of the aftermath of war on the lives of combatants and non-combatants alike, those who survived but lost everything and everybody dear and who were marked until the end of their lives with fear and loneliness. ##

**Movie Review:***Mrs. Dalloway*—"Don't talk about death in the middle of my party."

Reviewed by Emmett Early

After speaking with a veteran the other day about alienation I thought of a line from the British movie that came out in 1998, *Mrs. Dalloway*. Venessa Redgrave, played Clarissa Dalloway, an upper middle class woman, who is giving a party. She wants everything to be just right, but then arriving late is a doctor who has just finished dealing with a war veteran's suicide. You may remember the movie adaptation of the novel because of its all female production in tribute to the author, Virginia Woolf. Marleen Gorris directed, Sue Gibson was the director of photography, and the screenplay was by Eileen Atkins. I remember this movie as a clarion statement about PTSD flaring up over two years after the traumas of World War I. Doctors referred to the veteran as having "delayed Shell Shock." The beauty of the filmed story is that Mrs. Dalloway, a woman who married for practical reasons, is anxious about her party. She wants it to go well. Clarissa Dalloway goes about the preparations, with the ample assistance of servants. She has a beautiful smile that masks her anxiety. While she is buying flowers for her party, she glances at the shop window to see the veteran, Septimus (Rupert Graves), standing outside looking in, just as he is startled by an explosive street noise. The scene grabs her, but she detaches and goes about her party planning.

Septimus, the veteran, is starting to decompensate after 2 years of civilian life following the experience of the World War I British campaign in Italy. He saw his friend explode as he was approaching the trench, apparently having stepped on a mine or an unexploded shell.

The beauty of this great story is that Clarissa Dalloway is confronted by her lover of the past, the impractical one, Peter, who loved her. She rejected him for her future husband, and Peter went off to India. However he returns and attends her party. (Peter is played by Michael Kitchen.) Peter is walking in the park after seeing Clarissa when the veteran, undergoing a state of dissociation, hallucinates his friend approaching and panics. Septimus is with his wife, who takes him to a doctor for a previously scheduled appointment. Another doctor had wanted to commit Septimus because he had been expressing suicidal ideas. The second doctor also wants to hospitalize Septimus—in a facility he runs in the country.

When it comes time to part with his wife and be led off by the doctor, Septimus commits suicide, leaping from a second story window onto the spear points of an iron railing, a scene we are fortunately never shown in the film.

The doctor, attending Clarissa's party, relates the tale in explaining why he is late. Hearing him talk, Clarissa's fear that her party is going to fail is awakened anew. She worries anxiously in voice-over, "Don't talk about death in the middle of my party."

The beauty of this line is that it expresses an aspect of war veteran alienation, that is, that the civilian population lacks a sympathetic understanding of the lingering memories of war. Death is out of place in everyday life, particularly at a party. In the film the viewer is allowed to see Septimus's hallucination along with him, which allows us to understand his panic. ##

*On Veterans' Day 2011*

On Veterans' Day the bank, the public library, and the Post Office all closed. What they should do on Veterans' Day is serve only veterans. Mail should be delivered only to veterans, and maybe widows and orphans of veterans.

I noticed that my dentist was open on Veterans' Day. My appointment was at 11 on 11/11/11. When I gave the receptionist a history of Veterans Day, the Armistice of World War I, and then went on to describe the boundary rearrangement of the Middle East conducted by the victors of that war: France, England, and Italy, creating Iraq, Kuwait, and Qatar, her enthusiasm waned.

Being a veteran connects me to my youth, when I was full of potential with unwarranted optimism. Being a Cold War veteran is different than being a Hot War veteran. My memories of my times in the air force are almost all good. At age 19 I got to drive 6X6 2-1/2 ton trucks and drive through the Catskills on weekends in search of girls. Even my year on isolated duty in Greenland is a positive memory: Ice fog, ice cap, ice bergs, arctic foxes, and gale force winds that shook the barracks like a freight train passing. Breath that came out of my mouth and fell to the tarmac like weighty words.

Because I was in the air force I saw a "Whites Only" drinking fountain in the Greyhound Depot in Amarillo, Texas (circa 1959); 18x7 hours on KP duty (pots and pans); I got to sit in a hillbilly bar listening to Country radio ("Pick me up on your way down"); I experienced the pride of precision as a member of a Funeral Detail, with white gloves loading and firing Springfield rifles over the grave of a veteran in the shadow of Attica Prison; and on the day of my discharge on a Greyhound Bus from Las Vegas to San Francisco reading at night, under an overhead light, *Catch-22*.

As a veteran I read in the Paris edition of the *New York Herald* in 1965 that LBJ had extended the GI Bill, which meant that I could quit procrastinating and return to college and become a psychologist who eventually would treat veterans. I'm grateful for Veterans' Preference which helped on almost all my job applications. I got a GI loan guarantee for my first house. Because I was a veteran I got to start up a Vets Center in Seattle, and I got to spend a career talking with some of the best people on earth, war veterans—and I got paid enough to support my family.

I know that being a veteran is a mixed bag for many, but my service has served me well ever since I was discharged. I was in the military when war was looming on the horizon: The Bay of Pigs, the U2 incident, the Cuban Missile Crisis, Vietnam. I was naïve when I was in. I did what I was told.

As a veteran I tried to ignore war news. I thought I would be an ex-GI until my boots wore out. But being a veteran, I see now, will last for a lifetime, and produces pride in me now to be associated with such people. I'm glad I served my country and I'm grateful nobody shot at me. My memories as a veteran are not of traumas, but of a helpful time to develop, and I am grateful to all the veterans who were shot at. EE ##

**Movie Review:***Lonely are the Brave*—Another War Veteran on the Run

Reviewed by Emmett Early

*Lonely are the Brave* is a fairly unique movie. Directed by David Miller, it is a story of a Korean War veteran, a cowboy, Jack, who discovers that his friend has been incarcerated and is on his way to a two year prison term. Jack starts a fight in a tavern to get himself arrested so that he can help his friend escape. At booking the police decide instead to let him go, but Jack, determined to help his friend, assaults the cops to insure that he is locked up. But his friend, Paul, decides to do his time (he was arrested for helping immigrants), and Jack, who can't tolerate being confined, breaks out. There then begins an epic ride of a cowboy on a beautiful horse, (Whiskey, who almost steals the show,) pursued by a team of sheriff's deputies.

Sheriff Johnson is played as a light, deadpan character who rather admires the cowboy he is pursuing. In a classic scene found in many war veteran films, the Sheriff's deputy reads the report on the history of the fugitive. He reports that Jack served in Korea, did 7 months in a disciplinary company for striking an officer, was wounded in combat, and received a Distinguish Service Cross ("with oak leaf clusters").

Jake is played by Kirk Douglas, who, together with his horse, carries the show. Douglas is young and lean in this 1962 black and white film that is a story of war veteran alienation. What part the war experiences play is uncertain, but the cowboy is clearly at odds with modern society. He is at home on the vast plains with the cougars and squirrels, but he is out of place where the rubber meets the road. Traffic on highways puts him at peril and ultimately brings about his end.

The first scene in *Lonely are the Brave* shows the cowboy asleep next to his saddle and horse. The scene could take place in 1875, but an increasingly loud roar is heard and the camera pans up to show the contrails of jet planes flying above. The picture on the wall of the Sheriff's office is of President Harry Truman, which means the era depicted must have been 1952, although it is consistent with the personality of the Sheriff, rather like Will Rogers, that he might be the sort who would keep a picture of Truman up for sentimental reasons. Truman was President until 1952, so, if Jack was discharged in 1952, as the deputy reports, he is apparently just out of the service.

I don't know how much thought was given to Jack's war record. The Distinguished Service Cross decorations were unusual. The Cross is a very high award, second only to the Congressional Medal of Honor, and for any soldier to receive two, ("with oakleaves,") is rare. We are told he was wounded in combat and assume that he had a certain friction with authority while in the army. Then, as a civilian, he opts to sacrifice himself for his friend, putting himself in harms way, again, and getting incarcerated; then, unable to tolerate the loss of his freedom, breaks out of jail and takes to the hills.

We know such high decorations are not usually given out in combat without there being a high casualty count. Is Jack's self sacrifice—sacrificing himself for his friend—a product of the war? We know alienation is normal and to be expected in veterans of foreign combat, and Jack's antipathy for authority was evidenced in the army. So what we see in this cowboy is

alienation dramatized, the war veteran at odds with civilization.

*Lonely are the Brave* was written for the screen by Dalton Trumbo, from a novel, *Brave Cowboy*, by Edward Abbey. Trumbo was one of those Hollywood figures who was condemned by the House UnAmerican Activities Committee and blacklisted. He continued to work as a screen writer, but underground, using aliases. Paul, Jack's friend (played by Michael Kane), is a writer who has been arrested, apparently for committing an act of civil disobedience, aiding illegal immigrants. It seems there is a certain ring of personal history is Trumbo's screenplay.

Kirk Douglas was responsible for breaking the blacklist hold on the film industry by having Trumbo write the screenplay for Douglas's previous film, *Spartacus*, and insisting on Trumbo getting screen credit in his own name.

Gena Rowlands plays Paul's wife, whom Jack visits before getting himself arrested. There is a definite sexual tension between Jack and Gena's character, Jerri. Their kisses are passionate, more than ordinary friendship would dictate. Jack's sacrifice for his friend is an act of self-abnegation that seems to state that he will give himself up for the sake of his loved ones.

The other war veteran in the film is a one-armed man who is sitting in the tavern where Jack goes to pick his fight. The one-armed man is a tough character who immediately takes the challenge and actually provokes the fight. Jack is reluctant to fight a one-armed man (who is described later as a "tough hombre") and so declares that he will only use one arm himself. His antagonist announces that he lost his arm on Okinawa. So the metaphor is established of two war veterans in a fight for no good reason, each fighting with only one arm.

Black and white photography by Philip Lathrup, in this film, is terrific. The scenes of the plains and mountains of New Mexico fit well the beauty of the cowboy's last ride.

It is a repeating theme to show the war veteran at odds with society. It is done more subtly and with better quality than *First Blood*. It has some of the heartfelt loneliness of John Ford's great epic *The Searchers*, in which John Wayne plays a U.S. Civil War veteran, who shows that he is in love with his brother's wife, and is taxed with the task of retrieving his young niece who was kidnapped by Native raiders.

These movies repeat a theme that flows through the history of film depicting the war veteran who returns from combat and finds that he does not fit in well with the society of his homeland. *Lonely are the Brave* is exceptional in depicting the veteran who reveals his yearning love of a woman that he cannot acknowledge. In Clint Eastwood's *Absolute Power* we see a Korean War veteran whose war record is also revealed in a police report, still mourning the loss of his wife and alienated both from his society and from his daughter, who he struggles to reach. These themes of the alienated veteran are touching reminders of the common experience of returning to the homeland from war. ##

## WDVA Contract Therapists

Laurie Akers, MA, Everett...	425 388 0281
Clark Ashworth, Ph.D., Colville.....	509 684 3200
Wayne Ball, MSW, Chelan & Douglas...	509 667 8828
Bridget Cantrell, Ph.D., Bellingham.....	360 714 1525
Dan Comsia, King, Pierce Counties.....	253 284 9061
Paul Daley, Ph.D., Port Angeles.....	360 452 4345
Duane Dolliver, M.S., LMHC, Yakima...	509 966 7246
Jack Dutro, Ph.D. Aberdeen/Long Beach	360 537 9103
Sarah Getman, MS, LMHC, Longview....	360 578 2450
Dorothy Hanson, M.A., LMHC.....	253 952 0550
Casper La Blanc, Mason, Kitsap.....	360 462 3320
Adrian Magnuson-Whyte, MA, Shelton...	360 462 3320
Keith Meyer, M.S., LMHC, Olympia...	360 250-0781
Brian Morgan, M.S., LMHC Omak.....	509 826 0117
Peninsula CMHC Center, Clallam,	
Jefferson Counties.....	360 681 0585
Dennis Pollack, Ph.D., Spokane.....	509 747 1456
Dwight Randolph, M.A., LMHC.....	253 820 7386
Mary Ann Riggs, San Juan County.....	360 468 4940
Jody Stewart, MA., LMHC, Kitsap County	
Bremerton.....	360 377 1000
Katie Stewart, MA, LMHC, Kitsap County	
Silverdale.....	360 698 5242
Darlene Tewault, M.A., LMHC Centralia.	360 330 2832
Roberto Valdez, Ph.D., Tricities.....	509 543 7253
Stephen Younker, Ed.D., Yakima.....	509 966 7246
Washington State U. Psychology Clinic...	509 335 3587

### Special Programs:

Community College & University Outreach and Training Project to war veterans.  
 Peter Schmidt, Psy. D. .... 425 773 6292  
 Mark Fischer, MS, Vet Corps. 360-725-2226  
 School Outreach Pilot, K-12, Thurston, and South King

The PTSD Program is committed to outreach of returning veterans of our current wars. We work closely with the National Guard, military reserves, and active duty members and families to promote a healthy and supportive homecoming.

To be considered for service by a WDVA or King County Contractor, a veteran or veteran's family member must present a copy of the veteran's discharge form DD-214 that will be kept in the contractor's file as part of the case documentation. Occasionally, other documentation may be used to prove the veteran's military service. You are encouraged to call Tom Schumacher for additional information, or if eligibility is considered a potential issue.

It is always preferred that the referring person or agency telephone ahead to discuss the client's appropriateness and the availability of time on the counselor's calendar. Some of the program contractors conduct both group and individual/family counseling. ##

## King County Veterans Program Contract Therapists

Diane Adams (Nakamura) Ph.D., Renton...	253 852 4699
Laurie Akers, MA, LMHC.....	425 388 0281
Dan Comsia, M.A., LMHC.....	253 840 0116
Diana Frey, Ph.D., Maple Valley.....	425 443 6472
Dorothy Hanson, M.A., LMHC Fed Way ..	253 952 0550
Laureen Kaye, MA, LMHC, Duvall.....	425 788 9920
Ron Lowell, MSW, LMHC, Seattle .....	206 902 7210
Mike Phillips, Psy.D., Issaquah.....	425 392 0277
Dwight Randolph, M.A., LMHC Seattle...	206 465 1051
Karin Reep, MA, LMFT, Duvall, Redmond.....	
.....	425 788 9921
Steve Riggins, M.Ed., LMHC Seattle.....	206 898 1990
Terry O'Neil, Ph.D., Bellevue.....	425 990 9840
Valley Cities Counseling, Renton	
Christian Alexander, MS, LMHC.....	253 250 4597

### Veteran Referral Services

Redmond.....206 335 3731

### King County Training Project

Scott Swaim, MA, LMHC.....206 909 4745  
 Peter Schmidt, Psy.D.....425 773 6292

King County Veterans Program, provides vocational guidance, and emergency financial assistance. The office is located at 123 Third Ave. South, Seattle, WA  
 .....206 296 7656

WDVA offers Jail Diversion and Homeless Projects through the King County Veterans Program .....  
 206 296 7569.

### WDVA PTSD Program Director

Tom Schumacher, 360 725 2226

## Other Veterans' Mental Health Services offered by the Federally funded VA or WDVA PTSD Program"

Seattle Vet Center 206 553 2706  
 Yakima Vet Center 509 457 2736  
 Tacoma Vet Center 253 565 7038  
 Spokane Vet Center 509 444 8387  
 Bellingham Vet Center 360 733 9226  
 Everett Vet Center 425 252 9701  
 Federal Way Vet Center 253 838 3090  
 Walla Walla Vet Center 509 525 5200

Gulf War Helpline.....1 800 849 8387  
 Puget Sound Health Care System  
 (VA Hospital).....206 762 1010  
 Seattle VA Deployment Clinic.....206 764 2636  
 Spokane VA PTSD Program .....509 444 8387

**24-Hour VA Crisis Hotline.....1 800 273 8255**